

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522424

FILING DATE

AFFILIATE

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | 2 | | 1 | | | |
| 4 | 2 | | 1 | | | |
| 5 | 3 | | 1 | | | |
| 6 | 3 | | 1 | | | |
| 7 | 3 | | 1 | | | |
| 8 | 3 | | 1 | | | |
| 9 | 1 | | 1 | | | |
| 10 | 1 | | 1 | | | |
| 11 | 1 | | 1 | | | |
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| TOTAL IND. | | ↓ | 11 | ↓ | | ↓ |
| TOTAL DEP. | ← | 12 | ← | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | 16 | [REDACTED] | | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | ← | 12 | ← | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | 16 | [REDACTED] | | [REDACTED] |